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Botswana

The following provides a summary of specific guidelines from the country's national guidance strategy. Use the jump links in yellow to access details on criteria for starting PEP, evaluation of risk, recommended prophylaxis, and follow-up screening recommendations by patient population. This summary can be downloaded or e-mailed to yourself or a colleague. The original country guidance document can also be downloaded.

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Suggest Updates

- Healthcare Worker
- Victims of Sexual Violence

- Botswana National HIV & AIDS Treatment Guidelines (**PDF** / 8 **MB**)

Healthcare Worker

Year Issued:

2012

Criteria for Starting PEP:

Decisions regarding initiation of PEP must be based upon clinical evaluation of each exposure event, including the type of exposure, the amount of potentially infectious fluid to which the HCW was exposed, the potential infectiousness of the fluid, and the HIV status of the source patient. Exposures to fluids not normally infectious for HIV do not merit PEP, even if the source patient is HIV-infected. Remember, exposure to potentially HIV-infected fluids may or may not merit PEP.

- PEP is recommended for needle stick injuries when the body fluid is potentially infectious for HIV and the source patient is know to be HIV-infected.
- For a needle stick injury in which the body fluid is potentially infectious for HIV, and in which the source patient tests HIV negative, the decision to initiate PEP must take into account the possibility that the source patient might be recently HIV-infected and is in the "window period" of infection. Whenever the practitioner believes there is a reasonable chance that the source patient who tests HIV negative may be in the "window period," PEP should be given to the exposed HCW. Err on the side of caution.
- For mucosal exposure, the amount of infectious fluid, the length of time of exposure, the condition/integrity of the exposed mucous membrane, whether or not there were any cleansing interventions, and the HIV status of the source patient should be taken into consideration. Many mucosal exposures do not merit PEP, especially when the exposure was minimal, there was no prior inflammation of the mucous membrane, and the source patient tests HIV-negative. An HIV Specialist should be consulted in difficult cases.
- Human bites are not infectious for HIV, and do not merit PEP, unless visible blood from the biter was present in the biter's mouth prior to the bite.
- The length of time HIV can survive outside the body is unknown. Nonetheless, needle stick injuries

from devices left in the trash or elsewhere merit PEP.

Evaluation of Risk:

Needle stick injury - average, aggregated transmission risk of 0.3%.

Transmission rate is greater than above if there was a hollow-bore needle, the needle was in the source patient's artery or vein, there was a visible source patient blood or other infectious fluid on the needle, the injury was deep, and the source patient's viral load was high.

Mucous membrane exposure - estimate 0.09% risk of HIV transmission.

Factors that may affect this risk are the volume of HIV-infected fluid, the length of exposure, any exposure management undertaken (e.g. eye washing), and the underlying integrity of the conjunctival or oral mucous membranes (e.g. conjunctivitis, oral ulcers, and obvious breaks in the oral mucosa).

The transmission risk from exposure of HIV-infected fluid to intact skin is believed to be negligible, unless there is underlying dermatitis or significant skin breakage.

Recommended Prophylaxis:

- Wash exposed wounds and skin sites with soap and water.
- Flush mucous membranes with water.
- Avoid use of antiseptics, bleach, or other caustic agents, including injection of the exposed site with these agents.

Once the decision to initiate PEP has been made, it should be started as soon as possible, ideally within 1-4 hours after exposure, but no later than 72 hours.

For adolescents and adults: Atripla (TDF/FTC/EFV)

Children starting PEP require CBV/NVP or CBV/EFV In some cases, baseline and follow-up laboratory testing is not necessary.

However, obtaining any baseline laboratory tests, if clinically indicated, must not delay initiation of PEP beyond 4 hours after the incident.

Follow-up Screening Recommendations:

The HCW should return for repeat HIV testing at 6 weeks, 3 months, and 6 months after the initial exposure.

For women who ceased breastfeeding while on PEP, confirm the negative 6 week HIV test with a priority viral load to allow resumption of breastfeeding.

In Accordance with WHO 2014 PEP Recommendations?:

Y (but drug regimen may differ from WHO recommendation)

Victims of Sexual Violence

Year Issued:

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Criteria for Starting PEP:

Victims of rape, sodomy, and defilement - including infants and children - who present for care within 72 hours of the incident should be offered PEP.

It is essential that police understand that PEP must be started immediately for victims of sexual violence; therefore, victims of sexual violence must first be brought to the hospital or clinic for PEP evaluation before a detailed police interrogation is initiated.

The practitioner must not wait for a police report before initiating PEP, and is not bound by any police report in determining the need for PEP. A patient history of violent penetrative sex is sufficient for initiating PEP. Although not a requirement for initiation of PEP, the victim should be encouraged to report the rape to the police once PEP has been initiated.

Recommended Prophylaxis:

For adolescents and adults: Atripla (TDF/FTC/EFV)

Children starting PEP require CBV/NVP or CBV/EFV Victims of sexual violence, especially children, require special medical and psychosocial care. Although appropriate referrals for this care may be necessary, the treating clinician must also provide such care, and not merely delegate it. Moreover, this care should be given regardless of whether or not the victim receives PEP, as follows:

- Screening for other STIs which may have been transmitted during the rape should be done by obtaining cultures for chlamydia and gonorrhea, if available, as well as baseline and follow--up RPR
- After obtaining a screening pregnancy test, patients should also be offered emergency contraception in the forms of “morning after pill” to prevent pregnancy.
- The patient/caregiver should receive education about signs and symptoms of STIs, including the importance of ongoing safe sex.
- If genital/rectal trauma has occurred, promptly refer the patient for appropriate surgical, urological, or gynecological care, as indicated.

Follow-up Screening Recommendations:

Obtain baseline, 6 weeks, 3 months, and 6 months HIV rapid tests, and if positive, initiate appropriate support and referrals.

In Accordance with WHO 2014 PEP Recommendations?:

Y (but drug regimen may differ from WHO recommendation)

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